PTOSBOURDE

Chose the Peperson Reduction Act of 1995, no principle are required to respond to a collection of information unless a displayer a yard CMB confidention. Application or Docket Number Substante for Form PTO-876 . Bledine December 8, 2004 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN Coinin 21 SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA BASIC FEE 137 CFR 1 1911 (b) a (c)) BATE (\$1 FEE (1) NVA BATE (1) FÉCG H/A. NA 150,00 SEARCHFEE NIA **300.00** (37 OFA 1 16KH, 14, 00 [M] NVA H/A NA \$250 E XAMINATION FEI NIA \$600 (37 CFR 1 1619.10), or 1911 : NA · N/A NUL \$100 TOTAL CLAIMS NW \$200 197 OFR 1 16(0) " MINUS 20 . X\$ 28 INDEPENDENT CLAIMS X\$50 OR 127 CFR 1 16(N) a Ceunim X100 OOI besoxe agnitumb bus nollectioeds entitle X200 APPLICATION SIZE sheets of paper, the application size fee due FEE . 137 CFR 11HUI ts \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(8)(1)(Q) and 37 CFR 1:16(1). MULTIPLE DEPENDENT CLAIM PRESENT DT CER I 1641 +180= +360± * If the difference in column 1 is less than zero, enlar "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column () (Column 2) (Column 3): OTHER THAN SMALL ENTITY OR CLXIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT 3 106 RATE (1) AFTER AMENDMENT ADDI-AMENDMENT PREVIOUSLY EXTRA RATE(\$) TIONAL ADOI: PAID FOR TIONAL A CIR LING FEE (1) Minus 20 X\$ 25 protections X\$50 OR Minus X100 X200 Application Site F46 (37 CFR 1.16(6)) Oft FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140) +180= +360a OR TOTAL TOTAL ADD'L FEE **O**R ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING. NUMBER PRESENT RATE (\$) AFTER . MENOMENT ADDI-PREVIOUSLY RATE (\$) EXTRA ADDI-TICHAL FEE (\$) TIONAL PAID FOR COTOTAL INCHI FEE (1) Mirrus X\$ 25 tropendent X\$80 Minus OR X100 Application 6 to 640 (37 OFR 1.16(8)) X200 OR. furit presentation of multiple dependent claim (at CFR 1.160) +180= +860± OR TOTAL" If the entry in column 1 is been than the entry in column 2, write "V in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

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It collection of information is required by \$7 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the "PTO to process) an application. Confidentiality is potented by \$5 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete before gathering principles, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any commitment the submitted of the you require to complete this form and/or suppedions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademusk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ORBES. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL OR

If you need assistance in completing the form, call 1.800. PTO.9188 and select option 2